

## Day-to-Day Reimbursement Form

In the event of paying a medical service provider for a covered event or making use of an Out of Network Provider. EssentialMED will reimburse you up to the agreed tariff or up to a maximum of R250 per consultation for an Out of Network Provider subject to the policy terms.

**Please provide (with this form) the detailed provider's account.** It should reflect the provider's details as well as the date of service, the member that was seen, the amount paid and the ICD10 and Tariff codes. These can be emailed to [claims@essentialmed.co.za](mailto:claims@essentialmed.co.za).

### SECTION A: Personal Information of Member

Membership Number	
Full name	
Tel / cell number	
Email	

### SECTION B: Bank Details for Reimbursement

Account Holder	
Bank	
Branch	
Account Number	
Type of Account	

### SECTION C: Claim details


### SECTION D: Reasons for the Refund


Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_